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APPLICATION NO.	FILING DATE	FIR	ST NAMED INVENTO	DR .	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/634,863	08/06/2003	Soon Sung You			049128-5027-01	7631	
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"Fee Address" indicat PTO/SB/47; Rev 03-02 ( Number is required.	tion (or "Fee Address" Indica or more recent) attached. Use	tion form 7 cof a Customer 2	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)				
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN LG.PHILIP	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee data of this form is NOT a s (B) RI	a will appear on the substitute for filing at ESIDENCE. (CITY a	patent. If an assign n assignment. 01 and STATE OR COU	1 FC:1501 1400.00 2 FC:1504 300.00 3 FC:8001 12.00	) DA ) DA ) DA	
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	MALL ENTITY status. See 3		b. Applicant is no lo	nger claiming SMAI	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
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